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Weekly Bulletin

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GUY P. JONES
EDITOR

Isolation, Its Value and Limitation.

Charles V. Chapin, M.D., Superintendent of Health, Providence, R. I., the dean of American health officers, whose writings are the safest and sanest of all writers on public health subjects, recently spoke upon the subject "Isolation, Its Value and Limitation," before the Canadian Public Health Association. Whatever Dr. Chapin writes deserves recognition. Regarding the limitation of isolation, his remarks in part are as follows: "What is needed is not more rigorous isolation, but the isolation of more persons. Indeed, many of the restrictions at present placed upon families afflicted with contagious disease might be very much lightened, though this can not be done without very much more careful discriminating work by the health department officials. I am firmly convinced that this ought to be done, for it is certain that nothing so favors the concealment of mild cases and general antagonism to the health department as burdensome regulations. As in maritime quarantine, so in home control, a sieve is safer than a dam. The most stringent quarantine for the family of the patient which I ever saw was in a certain American city, which I once visited during the height of an outbreak of diphtheria, and I never saw a greater prevalence of the disease, a prevalence which had been increasing while the restrictive measures were in force.

Of all health regulations perhaps none are more annoying to the family than the restrictions placed upon school attendance. I have often wondered if our restrictions are not unnecessarily stringent. If a constant supervision of the home is maintained would it not, on

the whole, be better to let the immunes from infected homes attend school? This is now commonly done in measles, might it not be done in scarlet fever, diphtheria, mumps and whooping cough? It would, of course, be necessary that evidence be procured of a previous attack or that some biologic test be applied to determine immunity, as in diphtheria. As for German measles and chickenpox, the less done with them the better.

One common health department regulation which is felt by those affected to be very onerous, but which really accomplishes little, is the hard and fast rule that the funerals of all who have died of contagious disease must be strictly limited to the family. This rule is not based on sound reasoning, but is merely a relic of the old time theory that dead bodies breed disease. If the surviving family are all noninfectious, as can be determined in a large number of instances, the funeral may perfectly well be public and at the home, or in church, as preferred. Church funerals have been most objected to, but, really, they are the least dangerous. Much greater liberality in the regulation of funerals could safely be permitted with a little care on the part of the health officer, and it would teach people that the danger is from the quick and not from the dead.

If we are to have better results in the future from isolation and quarantine, it seems to me that our efforts should be directed to:

1. A more vigorous search for foci of infection.
2. A better supervision of cases and contacts.
3. Securing better cooperation by making the restrictive measures as lenient and as effective as possible."

Mexico May Celebrate Jenner Day.

It is reported that the Republic of Mexico may soon have a new national holiday to be called "Jenner Day" in honor of the discoverer of vaccination for smallpox. A number of Mexican physicians and health officers in the northern part of the republic are working to secure the establishment of the new holiday. Dr. Frederico Cota, health officer of Mexicali, is responsible for the suggestion. During the recent epidemic of smallpox in Mexicali, just across the border, Dr. Cota has worked incessantly. Hundreds of Mexicans have died of smallpox in Mexicali and vicinity. At one time the situation was so serious that the most extreme measures were necessary. At the present time a fine of \$25 is imposed upon all Mexicans living in Mexicali who refuse vaccination by the public health authorities.

Dentists of Nation to Meet in Los Angeles.

The National Dental Association will hold its annual convention in Los Angeles July 17th to 21st, inclusive. It is estimated that at least 6,000 dentists and their families will attend the meeting. In addition to the section meetings on technical dental subjects an exhibit for the general public has been arranged. The widespread campaign of education for teaching the importance of good teeth in the maintenance of a healthy body will be reflected in the exhibits. The problem of child nutrition, both prenatal and postnatal, and its relation to the teeth will be presented in a thorough and complete display. Exhibits from the large industrial, institutional, school, state and public clinics in all parts of the country will be brought to Los Angeles for this convention. Competent lecturers will be present to explain the exhibits and to talk upon dental hygiene in its relation to the public health. A large attendance of public health workers is expected. The general public is also invited to see these exhibits.

Promoting Mouth Hygiene.

An English school dentist, in *The Medical Officer*, states that the conduct of hygienic measures for the maintenance of a healthy condition of the mouth is perhaps in some ways of greater importance than the actual treatment of the various defects at the clinic. The former aims at the *prevention* of dental caries, which is far better and

cheaper than attempting to deal with the disease after it is once established and has accomplished much damage.

"This ideal state of affairs is only to be approached by constant daily attention to the mouth on the part of the individuals concerned, as part of the routine toilet.

One of the chief duties of the children's dentist is recognized as being to make each little patient's mouth clean and healthy.

Invaluable as such work is it is of almost greater importance, even, that the freedom from dirt and contamination should be maintained between periodical visits to an expert children's dentist."

A Lover of Animals on Vivisection.

To the president and directors,
Vivisection-Investigation League,
New York:

Gentlemen: When I joined the Vivisection-Investigation League I understood that it was organized to prevent the abuse of vivisection and the infliction of unnecessary torture on animals. I learn now from your reply to the Baynes' article (in the "Woman's Home Companion") that you are opposed to all experiments on living animals, and that you utterly condemn the work of the Pasteur Institute, the Rockefeller Institute, and allied laboratories.

I have to thank the studies of such institutes for the fact that my wife is alive today. Millions of men and women have to give similar thanks for their health and salvation, especially during the last ten years.

While in Washington last winter I was amazed to learn from antivivisectionists that I had no right to save my wife's life at the expense of a horse's life. I am a lover of animals, but I set human life above animal life.

These people had the assurance to quote Christ in support of their contention: "Are not five sparrows sold for two farthings, and not one of them is forgotten before God?" It was characteristic of them that they should leave off the real thought of the saying, because it was against them. However, I was able to supply it thus: "Fear not, therefore; ye are of more value than many sparrows." (Luke 12: 6, 7.)

Kindly accept my resignation from the Vivisection-Investigation League, to take effect immediately.

Yours faithfully,
ERNEST THOMPSON SETON,
Greenwich, Conn., October 26, 1921.

Benefits From County Tuberculosis Hospitals.

California's subsidized county tuberculosis hospitals have been remarkably effective in the control of tuberculosis in California. The remarkable advances made in the equipment, maintenance and care provided at these institutions is still not understood by a great many individuals whose tuberculosis might be arrested if they were to receive treatment in these institutions. Concerning the benefits to be derived from county tuberculosis sanatoria, Dr. Robinson Bosworth has the following in the *Minnesota Health Journal*:

"Probably no disease has been attacked from so many angles and over so long a period as tuberculosis. Known to exist among civilized peoples for thousands of years, it still remains one of the greatest public health problems of our time. However, the past forty years has revealed more knowledge concerning this disease than all time prior. Control thereof is being gradually obtained. Our steadily increasing sanatorium and hospital accommodations are among the means by which this control is being exerted.

The value of institutions for the care of patients with tuberculosis is better understood when one appreciates the two main factors involved in the development of this disease.

The first factor is the method of living. What is meant by the method of living? It is all things which together constitute living. It is a man's work, his play, his home, his shop or factory, his bank or school, his food, his virtues, his follies and his contact with his fellow-men with the results therefrom. The method of living may be good or bad. It may help to prevent or bring on disease.

The second factor is the resistance of the individual. Should resistance be great enough no amount of infection would cause disease but resistance is not always sufficient to overcome infection. All those things in life, which together may be called the method of living, affect the individual's resistance, favorably or unfavorably.

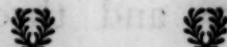
County sanatoria are institutions used for teaching a method of living that will be to the best interest of those who have contracted tuberculosis. It is a school-house—just as children are sent to school to acquire a certain knowledge, so are individuals received into sanatoria so that they can be taught tuberculosis, what it is and how to live to have the disease arrested. As the school

teacher renders assistance to children in acquiring an education, so do the physicians in charge of these institutions render assistance to the patients therein.

With the above understanding of the objects of a sanatorium it is much easier to place a value on its service.

First—Individuals should enter the institution in the early stage of the disease. They should not wait until the later stages develop, which are certain to occur if in the beginning the condition is not given proper attention.

Second—The stay in the institution should be of sufficient length to permit the patient becoming thoroughly familiar with what is necessary to combat the disease. This period of time is to be decided by the medical staff of the institution and not by the patient."



Human Bookkeeping Important.

Birth, death and marriage records, as well as reports of communicable diseases, are indispensable to health officers, statisticians, welfare workers and scientists who are engaged in the study of causes of death and who are working for the prevention of disease. Death rates for any locality may be obtained from these records and whether the death rate for any given locality is going up or down is a matter of vital importance. Just as the records in a business office show whether the business is being conducted with a profit or with a loss, so the vital statistics records indicate the trend of human life and the efficiency of the methods that are being used in its conservation. Reports of communicable disease, promptly received, are necessary in order that quick action may be taken to find the source of infection and to adopt methods to check the spread of an epidemic.

Birth records are important, not only from a legal standpoint but also from a public health point of view. The infant mortality rate for any community is computed by determining the ratio between infant deaths and infant births. An accurate rate can not be determined unless all infant births are registered and all infant deaths recorded. Great progress is being made in saving the lives of infants, but it is impossible to keep a constant and careful check upon this progress unless these records are kept accurately and unless full and complete data is available. Human bookkeeping is just as essential as financial bookkeeping. The death rate is just as important as the tax rate.

MORBIDITY.**Smallpox.**

Twenty-one cases of smallpox were reported last week. These cases are distributed as follows: San Jose 2, Livermore 7, Hayward 1, Berkeley 1, Mariposa County 1, Red Bluff 1, Anaheim 1, Oakland 2, San Joaquin County 1, Los Angeles County 1, Los Angeles 2.

Typhoid Fever.

The twelve cases of typhoid fever reported last week are distributed as follows: Susanville 1, Los Angeles County 2, Santa Clara County 1, Sacramento 3, San Joaquin County 3, Blythe 2.

Poliomyelitis.

Four cases of poliomyelitis were reported last week, one from Los Angeles County and three from Los Angeles.

Epidemic Encephalitis.

Three cases of epidemic encephalitis were reported last week distributed as follows: San Jose 1, Los Angeles County 1, San Francisco 1.

Leprosy.

San Francisco reported one case of leprosy last week.

Plague.

A case of fatal bubonic plague was reported from Alameda County last week. The child was three years old and had been visiting on a ranch in Dublin Canyon.

LIST OF DISEASES REPORTABLE BY LAW.

| | |
|-------------------------------------|--|
| ANTHRAX | MEASLES |
| BERI-BERI | MUMPS |
| BOTULISM | OPHTHALMIA NEONATORUM |
| CEREBROSPINAL MENINGITIS (Epidemic) | PARATYPHOID FEVER |
| CHICKENPOX | PELLAGRA |
| CHOLERA, ASIATIC | PLAGUE |
| DENGUE | PNEUMONIA |
| DIPHTHERIA | POLIOMYELITIS |
| DYSENTERY | RABIES |
| ENCEPHALITIS (Epidemic) | ROCKY MOUNTAIN SPOTTED (or Tick) FEVER |
| ERYSIPELAS | SCARLET FEVER |
| FLUKES | SMALLPOX |
| FOOD POISONING | SYPHILIS* |
| GERMAN MEASLES | TETANUS |
| GLANDERS | TRACHOMA |
| GONOCOCCUS INFECTION* | TUBERCULOSIS |
| HOOKWORM | TYPHOID FEVER |
| INFLUENZA | TYPHUS FEVER |
| INFECTIOUS JAUNDICE | WHOOPIING COUGH |
| LEPROSY | YELLOW FEVER |
| MALARIA | |

*Reported by office number. Name and address not required.

QUARANTINABLE DISEASES.

| | |
|-------------------------------------|---------------|
| CEREBROSPINAL MENINGITIS (Epidemic) | POLIOMYELITIS |
| CHOLERA, ASIATIC | SCARLET FEVER |
| DIPHTHERIA | SMALLPOX |
| ENCEPHALITIS (Epidemic) | TYPHOID FEVER |
| LEPROSY | TYPHUS FEVER |
| PLAGUE | YELLOW FEVER |

Section 16, Public Health Act. All physicians, nurses, clergymen, attendants, owners, proprietors, managers, employees, and persons living in or visiting any sick person in any hotel, lodging house, house, building, office, structure, or other place where any person shall be ill of any infectious, contagious, or communicable disease, shall promptly report such fact to the county, city and county, city, or other local health board or health officer, together with the name of the person, if known, and place where such person is confined, and nature of the disease, if known.

COMMUNICABLE DISEASE REPORTS.

| Diseases | 1922 | | | | 1921 | | | |
|--------------------------|-------------|---------|---------|---|-------------|---------|---------|---|
| | Week ending | | | Reports for week ending July 1 received by July 5 | Week ending | | | Reports for week ending July 2 received by July 6 |
| | June 10 | June 17 | June 24 | | June 11 | June 18 | June 25 | |
| Anthrax | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Botulism | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Cerebrospinal Meningitis | 1 | 3 | 3 | 0 | 6 | 3 | 2 | 6 |
| Chickenpox | 168 | 147 | 133 | 79 | 191 | 132 | 105 | 71 |
| Diphtheria | 165 | 160 | 150 | 146 | 172 | 126 | 109 | 97 |
| Dysentery (Bacillary) | 11 | 14 | 3 | 1 | 3 | 0 | 1 | 8 |
| Epidemic Encephalitis | 2 | 2 | 1 | 3 | 5 | 2 | 0 | 1 |
| Gonorrhoea | 114 | 71 | 79 | 55 | 93 | 51 | 60 | 34 |
| Influenza | 13 | 6 | 3 | 6 | 22 | 27 | 10 | 12 |
| Leprosy | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 2 |
| Malaria | 2 | 1 | 3 | 1 | 4 | 5 | 9 | 5 |
| Measles | 50 | 25 | 49 | 19 | 326 | 265 | 197 | 77 |
| Mumps | 50 | 56 | 60 | 15 | 212 | 124 | 40 | 52 |
| Plague | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 |
| Pneumonia | 70 | 56 | 56 | 48 | 57 | 39 | 40 | 44 |
| Poliomyelitis | 0 | 2 | 1 | 4 | 1 | 2 | 5 | 2 |
| Scarlet Fever | 91 | 90 | 90 | 59 | 89 | 71 | 91 | 55 |
| Smallpox | 61 | 62 | 26 | 21 | 96 | 76 | 74 | 45 |
| Syphilis | 119 | 72 | 97 | 66 | 116 | 43 | 78 | 31 |
| Tuberculosis | 146 | 142 | 224 | 119 | 177 | 162 | 101 | 142 |
| Typhoid Fever | 29 | 27 | 23 | 12 | 22 | 19 | 20 | 20 |
| Whooping Cough | 99 | 114 | 117 | 84 | 86 | 80 | 78 | 51 |
| | 1192 | 1050 | 1118 | 740 | 1679 | 1227 | 1020 | 755 |